

1) _____
OWNER'S NAME . PHONE NO. _____
MAIL ADDRESS CITY _____
3) _____
CONTRACTOR CO. NAME PHONE NO. _____
STREET ADDRESS _____
CITY STATE ZIP _____
STATE # _____
CC# _____
4) _____
ARCHITECT PHONE NO. _____
5) _____
ENGINEER PHONE NO. _____
6) _____
LOT BLOCK SUBDIVISION (legal description) _____
7) _____
FOLIO NO. (required) _____
8) _____
STREET ADDRESS-JOB SITE _____
9) _____
PRESENT USE _____

BUILDING PERMIT NO. (if any) _____
I HEREBY MAKE APPLICATION FOR A PERMIT TO:
ERECT___ ALTER___ DEMOLISH___ ADD___
REPAIR___ REMOVE___ REMODEL___
THE FOLLOWING TYPE STRUCTURE: Res___ Comm___ Ind___
Application is hereby made to obtain a permit to do the
work and installation as hereon indicated. I certify
that no work or installation has been effected prior to
the issuance of the permit and that all work will be
performed to meet the standards of all laws regulating
construction in the City of Hallandale Beach.
**ALL WORK MUST COMPLY WITH THE FLORIDA
BUILDING CODE 2001.**
PRINT NAME OF QUALIFIER _____
SIGNATURE OF QUALIFIER _____ Date _____
STATE OF FLORIDA
COUNTY OF BROWARD
The foregoing instrument was acknowledged before me this
____ day of _____, 20____
by _____ (name of
person acknowledging).
NOTARY STAMP HERE
NOTARY _____
(Signature of Notary Public - State of Florida)
Personally Known _____ OR Produced Identification _____
Type of Identification Produced _____ Driver's License _____

SHADED AREA FOR OFFICE USE ONLY
CONDITIONS UNDER WHICH APPROVED:

	SIGNATURE	DATE	APP	TME
ELECTRICAL				
FIRE				
APPLICATION APPROVAL				

This application does not become a valid permit until signed by an authorized representative of the City of Hallandale Beach Building Dept. and all fees paid and receipt acknowledged in the space provided on the permit

BY: _____
CHIEF ELECTRICAL INSPECTOR DATE _____

**ALL PLANS MUST INCLUDE FOLIO NUMBER
AND PROPERTY ADDRESS. AMENDED
PLANS MUST ALSO INCLUDE THE
PERMIT NUMBER**

SHADED AREAS FOR OFFICE USE ONLY

APPLICATION TYPE	PERMIT TYPE
<input checked="" type="checkbox"/> ELEC ELECTRICAL	<input type="checkbox"/> BDEC ELECTRICAL PERMIT, COMMERCIAL
<input type="checkbox"/> PENALTY FEE, UNPERMITTED WORK	<input type="checkbox"/> BDER ELECTRICAL PERMIT, RESIDENTIAL
	<input type="checkbox"/> CORRECT CODE VIOLATIONS

ESTIMATED CONSTRUCTION COST \$ _____

<input type="checkbox"/> ROUGH WIRING OUTLETS/FIXTURES	<input type="checkbox"/> EQUIP OUTLETS/PERM CONNECTIONS
<input type="checkbox"/> Fixtures, No. of	<input type="checkbox"/> 110 ___ 220 ___ Volts Major Appliances, # of
<input type="checkbox"/> Outlets, No. of	<input type="checkbox"/> Light Poles, No. of
<input type="checkbox"/> Receptacles, No. of	<input type="checkbox"/> Spas, Wiring
<input type="checkbox"/> Switch, No. of	<input type="checkbox"/> Swimming Pools, Wiring
<input type="checkbox"/> GFI OUTLETS, NO. OF	<input type="checkbox"/> SERVICES AND SWITCHBOARDS
<input type="checkbox"/> FP&L RECONNECT	<input type="checkbox"/> Emergency Power Packs, No. of
<input type="checkbox"/> ALARM REGISTRATION FORM MUST COMPLETED AND RETURNED TO THE CASHIER AT TIME OF PAYMENT WITH REGISTRATION FEE	<input type="checkbox"/> Meter Change, No. of
<input type="checkbox"/> FIRE ALARM/DETECTION	<input type="checkbox"/> Panel, Existing, Repair
<input type="checkbox"/> BURGLAR ALARMS/INTERCOMS	<input type="checkbox"/> Service, New, No. of Amps
<input type="checkbox"/> NEW SYSTEM ___ EXISTING	<input type="checkbox"/> Service, Repair, No. of
<input type="checkbox"/> Alarm Bell, No. of	<input type="checkbox"/> Service, Replace, No. of Amps
<input type="checkbox"/> Annunciator Panel, No. of	<input type="checkbox"/> Switchgear/Subfeed Panel, No. of
<input type="checkbox"/> Ceiling/Floor Wiring, No. of	<input type="checkbox"/> Temporary Pole for Construction
<input type="checkbox"/> Contacts, No. of	<input type="checkbox"/> Thirty Day Testing
<input type="checkbox"/> Control/Sound Stations, No. of	<input type="checkbox"/> Generators, No. of
<input type="checkbox"/> Devices, No. of	<input type="checkbox"/> SIGNS
<input type="checkbox"/> Doors, Wiring, No. of	<input type="checkbox"/> Bulbs/Flourescent Tubes, No. of
<input type="checkbox"/> Flow Switch/Mag Door/Solonoid, No. of	<input type="checkbox"/> Connections/Reconnections
<input type="checkbox"/> Heat Detectors, No. of	<input type="checkbox"/> Repairs/Connections/Reconnections
<input type="checkbox"/> Horn, No. of	<input type="checkbox"/> Transformers, No. of
<input type="checkbox"/> Key Pads, No. of	<input type="checkbox"/> MASTER TV/RADIO/SATELLITE
<input type="checkbox"/> Main Control Panel, No. of	<input type="checkbox"/> Antennas/Outlets, Etc., No. of
<input type="checkbox"/> Manual Operations, Pull Box, No. of	<input type="checkbox"/> TIME CLOCKS, NO. OF
<input type="checkbox"/> Medical Panic Button	<input type="checkbox"/> MOTORS OR A/C
<input type="checkbox"/> Smoke/Ion Detectors, No. of	<input type="checkbox"/> No of ___ HP or KW
<input type="checkbox"/> Sound Panel, No. of	<input type="checkbox"/> No of ___ HP or KW
<input type="checkbox"/> Telephone/Data No. of	<input type="checkbox"/> No of ___ HP or KW
<input type="checkbox"/> Windows, Wiring, No. of	
<input type="checkbox"/> Other, No. of	ADDITIONAL INFORMATION: _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."